## Humboldt County Clerk: Business License Department 50 W. 5th St. RM 207

Winnemucca, Nevada 89445

## REQUIREMENTS: HUMBOLDT COUNTY BUSINESS LICENSE

- 1. STATE OF NEVADA BUSINESS LICENSE: You are required to register your business and obtain a State of Nevada business license from the Nevada Secretary of State's Office in order to conduct business in Humboldt County. Please visit nvsilverflume.gov, to obtain this license.
- 2. SPECIAL LICENSES & PERMITS: You will want to contact if applicable: Health Inspector: 775-623-6588, Liquor and/or Gaming Licenses - Sheriff's Office: 775-623-6419, Motel/Hotel/RV businesses - Must contact the Winnemucca Convention Center & Visitor's Authority for information on the collection of room taxes at (775) 623-5071, or any other special permits you will need to conduct business.
- 3. BUILDING & SAFETY DEPARTMENT: You must obtain a clearance from this department in order to do business in Humboldt County, contact 775-623-6322. All out of county/state businesses must also obtain this clearance.
- 4. PLANNING & ZONING DEPARTMENT: You must obtain a clearance from this department in order to conduct business in Humboldt County. Home/resident based businesses must contact the planning department at 775-623-6392 to obtain a permit. All out of county/state businesses must also obtain this clearance.
- 5. DEPARTMENT OF TAXATION: You must be compliant with the Department of Taxation. This may be accomplished through: nvsilverflume.gov or by contacting the Department of Taxation directly at tax.nv.gov or 775-687-9999. Request that a compliance letter be provided to Humboldt County confirming your clearance by this department (if not using the SilverFlume). All out of county/state businesses must also obtain this clearance.
- 6. HUMBOLDT COUNTY BUSINESS LICENSE: You must fill out the top of the application. Date, sign, and return it to the Humboldt County Clerk's Office at the above address, with all CLEARANCES COMPLETED, your application will not be accepted without proper clearances. This is required of all applicants.
- 7. FICTITIOUS FIRM NAME CERTIFICATE: A Certificate of Business must be filed reflecting your business name, if you are using any other name for your business other than your full legal name. This step does not apply to businesses that are incorporated. The ORIGINAL must be filed with the Humboldt County Clerk's Office. The filing fee is \$20.00, and you must renew every five years. \*Please include any copies that you will want or the fee will be \$0.25 per page.
- 8. INDUSTRIAL INSURANCE: Nevada Revised Statute 616A to D requires that this form be completed and submitted to the Humboldt County Clerk's Office. Our office will also accept a copy of proof of insurance (can be completed online via nvsilverflume.gov).
- 9. BUSINESS INFORMATION FORM: The business information form must be completed and returned to the Humboldt County Clerk's Office at the above address. Please send original.
- 10. HUMBOLDT COUNTY ASSESSOR- You must obtain a clearance from this department in order to conduct business in Humboldt county .Should you have any questions regarding their form, please contact Colleen Cox with the Assessor's Office at 1-775-623-6310.

If you have any questions regarding any of the these requirements please contact Jessica Koepke, Deputy Clerk, at the Humboldt County Clerk's Office by phone at 775-623-6345 or email at Jessica. Koepke@humboldtcountynv.gov.

#### APPLICATION FOR HUMBOLDT COUNTY, NEVADA BUSINESS LICENSE

Humboldt County Code, Chapter 5.04 provides that any firm or individual conducting or transacting business in Humboldt County must obtain a county business license. This ordinance applies to businesses situated <u>outside</u> the City of Winnemucca <u>and</u> to businesses headquartered in the City of Winnemucca conducting business outside the city limits of Winnemucca in the <u>county</u>. Applicants for General Home, Liquor and/or Gaming licenses must have the approval of the indicated department PRIOR TO this application being submitted to the Humboldt County Business License Department.

LATE PAYMENT PENALTY IS 25% OF THE DELINQUENT AMOUNT PER MONTH OVERDUE.

BUSII	NESS NAME:	BUSINESS PHONE:
BUSII	NESS TYPE:	HOME PHONE:
BUSII	NESS LOCATION:	ALTERNATIVE CONTACT:
BUSII	NESS ADDRESS:	CITY, STATE, ZIP:
MAIL	ING ADDRESS:	CITY, STATE, ZIP:
EMAI	(IF DIFFERENT FROM ABOVE)  [L ADDRESS:	FED. TAX ID#:
NV C	ONTRACTOR LIC.#:	NV SALES TAX #:
NV B	US. LIC. TAX#:	NV WKMAN'S COMP. #:
	SCHEDULE (PLEASE MAKE CHECK PAYABLE TO: HUI INUAL GROSS RECEIPTS ARE: NOT OVER \$25,000 OVER \$25,000 BUT LESS THAN \$50,000 OVER \$50,000 BUT LESS THAN \$250,000 OVER \$250.00 BUT LESS THAN \$500,000 OVER \$500,000 WHOLESALE DELIVERY BUSINESS LICENSE APPROVAL REQUIRED BY DEPAR	ANNUAL LICENSE FEE SHALL BE: \$25.00 \$50.00 \$100.00 \$150.00 \$250.00 \$100.00  RTMENTS AS INDICATED BELOW: MUST BE OBTAINED BEFORE LICENSE IS ISSUED)
<u>1<sup>ST</sup></u>	PLANNING & ZONING: APPROVED I PROPERTY ZONED: ASSESSORS' PA	BY: DATE: ARCEL# N:
2 <sup>ND</sup>	SPECIAL REQUIREMENTS:REASO	BY:DATE:
3 <sup>RD</sup>	HEALTH DEPARTMENT: APPROVED	BY: DATE:
<u>4<sup>TH</sup></u>	ASSESSOR: APPROVED BY:	DATE:
<u>5<sup>TH</sup></u>	NV. DEPT. OF TAXATION (CONTACT THIS OFFICE (Online services at: www.tax.nv.gov)	AT 1-866-962-3707 FOR A CLEARANCE
<u>6<sup>тн</sup></u> ТН	SilverFlume Nevada's Business Portal for business registr IE UNDERSIGNED APPLICANT HEREBY REQUESTS THE ABOVE INI REQUIRED AND AGREES TO N	ration at www.nvsilverflume.gov DICATED DEPARTMENTS TO MAKE THE NECESSARY INSPECTIONS AS MAKE ANY REQUIRED CHANGE.
SIGNE	ED: PR ED: PR OF APPLICATION: PR	RINT NAME:
RETU HUMI 50 W.	TOF APPLICATION.  IRN COMPLETED APPLICATION & FEES TO: BOLDT COUNTY BUSINESS LICENSE DEPT.  5 <sup>TI</sup> ST, ROOM 207 IEMUCCA, NV 89445-3199	FOR OFFICE USE ONLY: BUSINESS LIC#: POSTED DATED:

# SilverFlume FAQ

# What is the State Business License and who is required to file?

State law requires that every person or entity doing business in the State of Nevada obtain a State Business License or State Business License Exemption annually. A business that meets the criteria shall not do business in the state of Nevada without the State Business License. Certain businesses may be exempt from the State Business License requirement. All entities whether they receive a State Business License, Exception or Exemption are assigned a Nevada Business Identification Number. This number is important for being able to register with State and local agencies in Nevada. Note: SilverFlume Nevada's Business Portal guides the customer through the registration steps, including registering at the Nevada Department of Taxation and other agencies. Excepted and Exempt businesses are required to address all steps in the registration checklist regardless of the Secretary of State's exception or exemption. To access the SilverFlume website go to www.nvsilverflume.gov

On July 22, 2003, new legislation went into effect that requires all holders of a State Business License and entities defined under NRS 360.765 to apply and to renew their business license on an annual basis. Starting July 1, 2009, the State Business License and annual renewal fee increased from \$100 to \$200. Taxpayers who currently have a State Business License shall pay the renewal fee based on their anniversary date. Entities no longer in business in this state must contact the Secretary of State. A person who fails to submit the annual fee required by the due date shall pay a penalty in the amount of \$100 in addition to the annual fee. This penalty went into effect January 1, 2006. Effective October 1, 2009, the State Business License Fee is administered and collected by the Secretary of State's office. For additional information regarding this change please visit the Nevada Secretary of State's office website at http://nvsos.gov/sos/licensing/state-business-license.

## BUSINESS INFORMATION

The following information is needed in case of an exkey to the business and be able to reset an alarm sys	
Sheriff's Office Communications Center requests the WHENEVER THERE IS A CHANGE. You may do	at you update responsible party information
NAME OF BUSINESS:	
BUSINESS PHONE:	
TYPE OF BUSINESS:	
PHYSICAL ADDRESS OF BUSINESS IN HUMBOLDT in this section):	
People to call after hours/weeke	nds in case of emergency:
(LOCAL NUMBER	IF POSSIBLE)
1 <sup>st</sup> person to call:	Phone #:
Address:	Cell #:
2 <sup>nd</sup> person to call:	Phone #: Cell #:
3 <sup>rd</sup> person to call:	
Address:	Cell #:
HAZARDOUS ITEMS ON SITE: Circle all that a	apply & indicate type, amount & location.
HAZMAT:	
CHEMICALS:	
EXPLOSIVES:	
FIREARMS:	
ALL INFORMATION WILL B	E KEPT CONFIDENTIAL
ALARM SYSTEM: YESNO	_
IF YES VENDOR NAME:	PHONE #:



# HUMBOLDT COUNTY

# Office of the Humboldt County Clerk, Tami Rae Spero

Certificat	e Number: Expiration Date:		New Application
	Certificate of Bus	iness: Fictitious Firm Name	
	Individual, Sole Proprietor, Corpo	oration, LLC, Partnership, Non-Profit or	Trust
	Ple	ease print or type	
The und	dersigned does hereby certify that		, a
(an) Ind	ividual / Sole Proprietor / Corporation / LLC / LLP / I	Partnership / Non-Profit/Trust (Circle one)	
(Legal enti	ities must state name exactly as it is registered with the Nevac	da Secretary of State) Date established in Humbo	ldt County:
Conduc	eting a(Type of bus	iness)	
	ss location		
Dusines	(Physical ad	dress)	
with a r	mailing address of		
Under t	the fictitious name of		
	(Name of bus	siness)	,
With a	telephone number of	and that said firm is compo	sed of the following
person	(s) whose name(s), addresses, and phone nun	nbers <u>or</u> legal entity on file with the Ne	vada Secretary of State
with th	e signing officer's name and title, are as follo	ows, to-wit:	
By sioni	ing below I declare (or affirm), under penalty of per	iury, that all statements made in this docum	ent are true, and that I have
authorit	ty to sign on behalf of and to bind the above named	business/legal entity to a contract.	
(1)			·
(*)	Name and Title	Signature	Date
,	Street Address of Business or Residence	City, State, Zip	
	Biteet Audiess of Dusiness of Residence	City, State, Zip	
(2)	Name and Title	Signature	Date
	Name and The	o.g.ma.o	Daile
	Street Address of Business or Residence	City, State, Zip	
	For additi	ional owners, please use additional pages	
STATE	E OF		
COUN	TV OF		
COON	This instrument was acknowledged before me on		
		(Date)	
	(Name(s) of individuals wh	ose signatures are being notarized)	
	, ,,		
		Signature of Notary Public/Deput	ty Clerk
1			

Mail to: Tami Rae Spero, Humboldt County Clerk, Attn. FFN
50 W. 5th Street, Winnemucca, Nevada 89445
Include: Filing fee of \$20.00 payable to Humboldt County Clerk, completed certificate, & additional copies to return, with a return envelope. (If copies are not included the cost will be \$0.25 per page)

# STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS AFFIRMATION OF COMPLIANCE

#### WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS

(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)		Type of Business	Business Telephone Number		
Busine	ss Address	City	State	Zip Code	
Federa	l Identification No.	Social Security No.	Contractor's	Board License No.	
Name (	of Principal Owner (Please Print)		Principal Owner's Telephone No.		
Princip	oal Owner's Address	City	State	Zip Code	
Identi	fied as: (Complete one section only)			. •	
( )	That the above identified business has Chapter 616A to D, inclusive, of the N			surance as required b	
	Effective Date of Coverage		Account Number		
()	That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hire any independent contractor or subcontractor.				
( )	That the above identified business has	a valid certificate of self-in	surance pursuant	to Chapter 616A to D	
( )					
	inclusive, of Nevada Revised Statutes	•	,		
I decl	Effective Date are that I have the authority to act on beh	alf of the above described by			
I decl	Effective Date	alf of the above described by ( ) Sole Proprietor ( ) Part	usiness, and am a	poration	
I decl opera Name	Effective Date  are that I have the authority to act on behite said business as a(n): ( ) Individual  of Applicant (Please Print)	alf of the above described by ( ) Sole Proprietor ( ) Part	usiness, and am agnership ( ) Corp	ooration No.	
I declopera	Effective Date  are that I have the authority to act on behitte said business as a(n): ( ) Individual	alf of the above described by ( ) Sole Proprietor ( ) Part Ap	usiness, and am ag	poration	
I declopera Name	Effective Date  are that I have the authority to act on behate said business as a(n): ( ) Individual  of Applicant (Please Print)  cant's Residence Address hereby affirm that the above information is	alf of the above described by ( ) Sole Proprietor ( ) Part  Ap  City s true and correct.	usiness, and am agnership ( ) Corp	ooration No.	
I declopera Name	Effective Date  are that I have the authority to act on behinder the said business as a(n): ( ) Individual  of Applicant (Please Print)  cant's Residence Address	alf of the above described by ( ) Sole Proprietor ( ) Part Ap	usiness, and am agnership ( ) Corp	ooration No.	
I declopera Name	Effective Date  are that I have the authority to act on behate said business as a(n): ( ) Individual  of Applicant (Please Print)  cant's Residence Address hereby affirm that the above information is	alf of the above described by ( ) Sole Proprietor ( ) Part  Ap  City s true and correct.	usiness, and am agnership ( ) Corp	ooration No.	
I declopera  Name Applic	Effective Date  are that I have the authority to act on behate said business as a(n): ( ) Individual  of Applicant (Please Print)  cant's Residence Address hereby affirm that the above information is	Ap  City s true and correct.	usiness, and am agnership ( ) Corp	ooration No.	
I declopera  Name Applic I do h	Effective Date  are that I have the authority to act on behing the said business as a(n): ( ) Individual  of Applicant (Please Print)  cant's Residence Address hereby affirm that the above information in DATED this	Ap  City s true and correct.	nership ( ) Corp plicant's Telephone State	ooration No.	
I declopera  Name Applic I do l	Effective Date  are that I have the authority to act on behate said business as a(n): ( ) Individual  of Applicant (Please Print)  cant's Residence Address hereby affirm that the above information i  DATED thisday of	Ap  City s true and correct.  Ap  Name of City or County	nership ( ) Corpplicant's Telephone  State	ooration No. Zip Code	

NOTARY PUBLIC

#### **INSTRUCTIONS**

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees. One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons. A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a misdemeanor and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a category D felony.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

AType of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

HUMBOLDT COUNTY ASSESSOR ANDY HEISER 50 W FIFTH ST WINNEMUCCA, NV 89445

Account #:

#### Dear Business Owner:

Please find enclosed your Statement of Business Equipment/Assets/Personal Property for the fiscal year This statement is for you to report all of your taxable business property located in Humboldt County, Nevada.

It is very important that you complete and return this statement as soon as possible. However, if for any unforeseen reason the form cannot be completed and returned in a timely manner, please contact our office to request an extension of time.

#### PLEASE BE SURE TO SIGN, DATE, AND RETURN THE ENTIRE STATEMENT

Thank you very much for your cooperation and kind attention to this request. Please do not hesitate to contact our office should you have any questions.

Sincerely,

Andy Heiser Humboldt County Assessor

Encl.

#### Humboldt County Assessor Andy Heiser 50 W Fifth St Winnemucca, NV 89445

# YOU MAY COMPLETE YOUR DECLARATION ONLINE! WWW.HCNV.US ASSESSOR FORMS

Date Mailed:	Access Code	TO BE COMPLETED BY TAXPAYER
Account #:	Unsecured	Business type:
Tax Year:	NAICS Code:	Mail address, if different:
Location:		Location, if different:
		Person completing form:
		Contact person:
		Title:
		Phone:
		Fax:
		e-mail:
. •		Business NAME:

# STATEMENT OF BUSINESS EQUIPMENT / ASSETS / PERSONAL PROPERTY - INSTRUCTIONS -

#### IN ACCORDANCE WITH NEVADA REVISED STATUTE 361.265 AND OTHER STATUTES, AS NOTED:

- As a business owner you are required to submit a sworn statement of business equipment/assets (also known as personal property) in your possession as of July 1,
- Your statement must be returned **not later than** except for a statement mailed to the taxpayer after July 15, in which case it must be returned within 15 days after demand for its return is made;
- Upon written petition of the property owner showing good cause, the assessor may grant one or more 30-day extensions;
- If any person after receiving this request by the Assessor's Office, neglects or refuses to give the statement herein provided for, the Assessor must make an estimate of the value of the property of such person and this value fixed by the Assessor may not be reduced by any Board of Equalization in accordance with Nevada Revised Statute 361.360;
- The information you provide is subject to verification in accordance with Nevada Revised Statute 361.263;
- You will receive a new declaration each year as long as the business remains active. You will be asked to enter changes from the previous year, including all acquisitions and disposals of business equipment/assets/personal property.

#### WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE INCLUDE:

- All equipment/assets/personal property:
  - · Owned, rented, leased, borrowed, gifted, used, or in your possession as of July 1, 2020, regardless of actual owner;
  - · That have been fully depreciated out for IRS purposes but are still in your possession;
  - Regardless of age, still in your possession, not previously reported.
- Total acquisition cost includes:
  - · Your original purchase price (if you did not purchase the property, your estimate of its value at time of receipt);
  - · The cost of any improvements (additions to or renovations of the property) other than routine maintenance/repairs;
  - Transportation costs;
  - · Installation and set up costs necessary to make the property operational.

#### WHEN PREPARING YOUR EQUIPMENT/ASSET/PERSONAL PROPERTY LIST, PLEASE DO NOT INCLUDE:

- Any equipment/assets/personal property acquired after July 1,
- · Sales tax;
- · Licensed vehicles subject to the Department of Motor Vehicles governmental service tax;
- · Inventory held for resale;
- · Raw materials held for manufacturing into finished goods;
- · Supplies that are consumed during day-to-day operations, that have a useful life of less than one year.

#### LEASED/LOANED EQUIPMENT/ASSETS/PERSONAL PROPERTY:

- Please provide documentation (e.g., a copy of your lease agreement) should the lessor be the responsible party; otherwise, the assessor will maintain that the lessee is responsible for the personal property taxes;
- · Include: capital lease, operating lease, true lease, dollar buyout lease, nominal lease, conditional sale contract, loaned items, etc.
- · If you are in the business of leasing/loaning equipment to others:
  - · Please provide the physical location address of each asset;
  - · If a lease has terminated, indicate if the lessee acquired the property or if the property was returned to the lessor.

No equipment is used in the business. Please explain:		THE RESERVE AND A SECURE OF THE PARTY OF THE	
Shared equipment is owned and reported by another business a	t the same location.		
Their business name:  Out of business. Date business ceased:	Phone number	<u> </u>	
Out of business. Date business ceased:			
How was equipment/assets/personal property disposed of	· · · · · · · · · · · · · · · · · · ·	···	
If to another business or person, their name, address, phone.			
Business sold. Date sold:			
Sold to (name, address, phone):			
QUISITIONS not previously reported (see list beginning on page 3)		- 1 :	
Description and Quantity	Year Acquired	Total Acqu	isition Cos
			**
		<del> </del>	
		ł .	
		<del> </del>	
ASED/LOANED PROPERTY: Documentation is required to confirm 1	lessor tax liability.	additional she	
ASED/LOANED PROPERTY: Documentation is required to confirm lolude: capital lease, operating lease, true lease, dollar buyout lease, noming	lessor tax liability.		
clude: capital lease, operating lease, true lease, dollar buyout lease, nomir	lessor tax liability.		
clude: capital lease, operating lease, true lease, dollar buyout lease, nomin	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
lude: capital lease, operating lease, true lease, dollar buyout lease, nomir	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
lude: capital lease, operating lease, true lease, dollar buyout lease, nomir	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
lude: capital lease, operating lease, true lease, dollar buyout lease, nominessor/Lessee #1-Name, mailing address, phone:  Description and Quantity	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
lude: capital lease, operating lease, true lease, dollar buyout lease, nominessor/Lessee #1-Name, mailing address, phone:  Description and Quantity	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
clude: capital lease, operating lease, true lease, dollar buyout lease, noming essor/Lessee #1-Name, mailing address, phone:  Description and Quantity	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
clude: capital lease, operating lease, true lease, dollar buyout lease, noming essor/Lessee #1-Name, mailing address, phone:  Description and Quantity	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
lude: capital lease, operating lease, true lease, dollar buyout lease, nominessor/Lessee #1-Name, mailing address, phone:  Description and Quantity	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
lude: capital lease, operating lease, true lease, dollar buyout lease, nomir essor/Lessee #1-Name, mailing address, phone:  Description and Quantity  essor/Lessee #2-Name, mailing address, phone:	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
essor/Lessee #1—Name, mailing address, phone:  Description and Quantity  essor/Lessee #2—Name, mailing address, phone:	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
clude: capital lease, operating lease, true lease, dollar buyout lease, noming essor/Lessee #1—Name, mailing address, phone:  Description and Quantity  Lessor/Lessee #2—Name, mailing address, phone:	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
clude: capital lease, operating lease, true lease, dollar buyout lease, nominessor/Lessee #1-Name, mailing address, phone:	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Installe
lude: capital lease, operating lease, true lease, dollar buyout lease, nominessor/Lessee #1—Name, mailing address, phone:  Description and Quantity  essor/Lessee #2—Name, mailing address, phone:	lessor tax liability. nal lease, conditional sale contrac  Asset # or	t, loaned items	, etc.) Insta

PLEASE CHECK IF APPLICABLE:

Please carefully review the following list of previously reported property and cross out any items that are no longer in your

Item #	Description			Year Acquired	Acquisition Cost
	÷				
			*		
		•			
		•			
		•			
		e e			
NO ACQ	UISITIONS, LEASES/LOANS	, or disposals have oc	CURRED SINCE	LAST REPORT.	Check here:
SIGNAT	URE: Under penalty of perjury, I	do hereby declare and affirm that	t I have examined t	his entire declaration	n and any changes
made ther	ein and to the best of my knowled	ge, delieve that it is correct and c	опірівів. (імко 30	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Taxpayer	's signature	Print taxpayer's name		Title	

Please return all pages of this statement to the Assessor's Office and make a copy for your records.

Phone

Date

E-mail address

## LIST OF COMMON BUSINESS EQUIPMENT / ASSETS / PERSONAL PROPERTY

This sample list is included to assist you in completing your written statement of business equipment/assets/personal property. The list includes, but is not limited to, the following:

Air compressor
Air conditioner, window
Air condition/heating equip
Aircraft repair
Asphalt seal surfacing
ATM

Auto repair/sales/service Auto wrecking yard

Bakery
Bank
Bar
Barber/Beauty shop
Batch (concrete) plant
Beverage machine
Billboard
Billiards
Blue print machine
Bowling alley
Broadcasting
Burglar alarm system

Cable TV
Camera, closed circuit
Car wash
Carpet cleaning
Cash register
Cell phone
Cell site

Cement processing
Ceramics
Chain saw
Chiropractic
Cleaning service
Closed circuit TV
Coffee brewing
Coin wrap
Communications tower

Computer, hard & software Concrete batch plant Construction

Convalescent
Cooler, drinking water
Copier/fax combo
Copy machine
Corral, portable
Credit card machine

Container/dumpster

Day care, child/adult Dental office Die & tool Dishwasher Distributing, wholesale Doctor's office

Drilling
Dry cleaning

Electrical manufacturing Electronic/digital Engineering/surveying Engraving/stamping
Equipment & furniture
Evaporative cooler
Exercise

Fabricated metal Farm Equipment Auger

Backhoe

Baler

Combine
Disc
Drags
Fertilize equipment
Grain drills
Grain elevator
Harrowbeds
Harrows
Harvester
Hay chopper
Hay fluffer
Hay loader
Hay squeeze

Laser level equipment Machinery Manure spreader

Plough
Rake
Ripper
Scraper
Sceder
Semen tank
Sprayer
Swather
Tools
Tractor
Wagon
Windrower

Fax Fire/security

Fixed equipment & machinery

Fixtures
Florist/gift shop
Fork lift
Funeral home
Furnishings
apartment
group qtrs
hotel/motel
patio

Gaming

Furniture

Gasoline station equipment General maintenance Generator

Gift shop
Golf carts
Golf course equipment
GPS engineering
Grain equipment/storage
Gravel/sand equipment

Gymnastics
Gypsum products/machines

Healthcare Hospital

Ice making machine
Ice plant
Industrial
Information systems
Interior design

Jewelry store Juke box

Laboratory

Landscape maintenance

Laundry coin operated dry cleaning route service

Lawn mowing/maintenance Leasehold improvement Library, law/medical Lockers/shed

Machine shop
Machinery & equipment
Mailing equipment
Maintenance
Manufacturing
Martial arts
Masonry
Medical office
Metal products & equip

Mill & mine machinery
Mining improvements
Mobile equip, frequent use
Mobile home park
Modular building/office

Nursery, children's Nursery, horticulture

Oil & gas lease equipment Optical Oxygen cylinder

Paging
Paint spray booth
Painting
Photography
Physical therapy
Plastics equipment
Point of sale (POS)
Portable building
Postage equipment
Power generator
Printing & publishing
Propane tank & equipment

Radio communications

Recreation Refrigeration/refrigerator Rentals Restaurant Route laundry service

Safe Sand/gravel equip Satellite communication Security camera Security/fire Service station equipment Shed/locker, portable Shoe repair Shop equipment Signage, indoor & outdoor Silkscreen Slot machine Snowmobile Soft drink equipment Spray paint booth Storage building, portable Store electronic Store fixtures/equipment Surveying

Tack/saddle
Telecommunications
Telephone system
Television/monitor
Television repair
Theater
Tire sales & service
Tool & die
Tools, hand/mise small
Tower, communications

Unlicensed vehicles/trailers Upholstery

Vacuum sales/service Vending/dispensing Veterinary hospital Video cameras garnes/tapes production

Warehouse equipment Washer/dryer Water bottles/cooler Welding Wholesale distributing

Yard maintenance